

The MRT will consist of a designated MICU nurse and respiratory therapist. Any staff member caring for the patient may initiate the MRT.

Early intervention saves lives

CRITERIA FOR INITIATING THE MRT

- Changes in vital signs
- FiO2 50% or greater
- Acute significant bleeding
- Seizure
- Acute mental status changes
- Change in urine output
- Uncontrolled pain
- Failure to respond to treatment.



Activities of the team may include the initiation of urgent interventions based on assessment of the patient while awaiting the arrival of the physician:

- ✓ Placement of an oral or nasal airway
- ✓ Suctioning
- ✓ Administration of nebulizer treatment
- ✓ Bag valve mask
- ✓ Oxygen by nasal cannula or mask
- ✓ Arterial blood gas
- ✓ Pulse oximetry
- ✓ Placement of peripheral intravenous access
- ✓ 12-lead electrocardiogram
- ✓ Placement of a foley catheter
- ✓ Bladder scan
- ✓ Whole blood glucose (finger stick)
- ✓ Placement on cardiac monitor



13000 Bruce B. Downs Blvd.
Tampa, FL 33612
(813) 972-2000, Extension 5678
Serving our nation's finest



Medical Response Team (MRT)



(813) 972-2000, Extension 5678

- Assist the staff nurse
- Provide early intervention
- Make care recommendations

- Assess early warning signs
- Assist in ICU transition
- Save lives

What is the MRT?

A team of clinicians who bring critical care expertise to the patient bedside (or wherever it is needed).

The MRT is not intended to take the place of immediate consultation with the nurse or physician.

The intention is to help patients in the time window of clinical instability and not to replace the physician or nurse involvement in that process.

The MRT will consist of a team of clinicians who bring critical care expertise that cross disciplines and departments, who have the support of hospital leadership and the entire organization.

A significant number of critical inpatient events are preceded by warning signs prior to the event. A majority of patients who have cardiopulmonary or respiratory arrest demonstrate clinical deterioration in advance. Early response to changes in patient's condition by a specially trained individual may reduce cardiopulmonary arrests and patient mortality.

Why have a MRT?

Interventions can reduce length of stays and overall hospital mortalities. By implementing a skilled collaborative care team, our hospital can establish new systems of care that will produce better clinical outcomes, and fewer adverse events. The MRT can help reduce hospital codes outside the ICU and decrease mortality. MRT's are a recommended patient safety measure. The MRT is a preventable adverse event detection system. The MRT is a mechanism to document, analyze, and share important information on what intervention took place and what patient outcome was achieved.



How the MRT works.

Call extension 5678 and give the location where the MRT is needed (not the patient's name).

•Call when you are concerned about the patient.

The team will be notified via pager and will respond within 5-10 minutes.

•Call when there has been a change in heart rate and/or blood pressure.

The staff nurse will write a narrative progress note or change in condition note outlining the patient assessment. The MRT will initiate the MRT note, notifying the physician and the attending physician. The physician will write the medical orders.

•Call when there has been a change in respiratory rate and/or O2 saturations.

•Call when there has been a change in level of consciousness.

*See HPM 11-103
Medical Response Team
for more information.*

